Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) 4 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔯 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other ... If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Megan Moret

Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: <u>LA Phil</u> Date(s) ______/. Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Income ... Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification Nave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Megan Moret Ticket Administrator Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable)

	First District, Board of Supe	rvisors			ļ	
•	Designated Agency Contact	(Name,Title)				
	Megan Moret, Ticket Admini	istrator			Amandmant (Aust)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must F	-rovide Explanation in Fart 3.)
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes [No ☐ F	ace Value of	Each Ticket/Pass \$ 10	68
	Event Description: LA Phil			nato(s) 4	<u> 6 </u>	, ,
	Event Description.	Provide Title/ Explar	nation	/alc(5)	! 	
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: LA Phil		
			14		Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes [_ No⊠ "	yes:	Official's Name (Last, First)	
<u></u>	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •		dentify an individ	iual. • Use Section C to iden	itify an outside organization.
	A. Name of Agency, Department	Number of Ticket(s)/ Passes			rsuant to the agency's policy	
	Staff		2	Per ticket po	licy 5.3 (k)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Manufacture and a superior of the control of the co	
В.	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
				1	nonial Role Other Cking "Ceremonial Role" or "Other" de	
					nonial Role Other Other Cking "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Verification I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set 1	forth above, is in accordance
	1 Y M/1/V		an Moret		Ticket Administrator	5/11/18
	Signature of Agency Head or Design	nee Pr	rint Name		Title	(month, day, year)
	Comment:					

FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: LA Phil Date(s) ____/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other ___ Income ... If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

4. Verification

Comment: __

with the requirements,

Signature of Agency Head or Designee

Ticket Administrator

5/11/18

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __4 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔯 Was ticket distribution made at the behest Yes ☐ No 🗵 If yes.. of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income ___ Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes**

4. Verification

Comment: _

i nave read and understand FPFC Regulat with the requirements.	ions 18944,1 and 18942.1 nave	e vermed triat trie distribution set forth a	bove, is in accordanc
with the requirements.			
. \	Megan Moret	Ticket Administrator	5/11/18
Signature of Ageacy Head or Designee	Print Name	Title	(month, day, year)

	gency Report of: eremonial Role Ever	nts and Ticket/P	ass Distri	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California OOO
	County of Los Angeles				·	Form OUZ
	Division, Department, or Reg	gion (if applicable)				For Official Use Only
	First District, Board of Supe	ervisors			!	
	Designated Agency Contact	(Name, Title)			1	
	Megan Moret, Ticket Admir	nistrator				
	Area Code/Phone Number	E-mail		***************************************	L Amendment (Must P	Provide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation				
	Does the agency have a tic	ket policy? Yes [No□ F	ace Value of	Each Ticket/Pass \$ 16	88
				, 8 , 18		
	Event Description: LA Phil	Provide Title/ Explan	nation	Date(s)	/	
	Ticket(s)/Pass(es) provided			f no: LA Phil		
			 -		Name of Source	
	Was ticket distribution mad	e at the behest Yes [□ No⊠ ^{II}	yes:	Official's Name (Last, First)	
	of agency official?				, ,	
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to i	identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Staff		4	Per ticket po	licy 5.3 (k)	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other cing "Ceremonial Role" or "Other" de	
				1	nonial Role Other Citing "Ceremonial Role" or "Other" des	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy

4.	A è1	TITI	ca	TIC	n
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I have read and understand FPPC Regula with the requirements.	tions 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
	Megan Moret	Ticket Administrator	5/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Phil Date(s) __4__/__ 13 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

Megan Moret Ticket Administrator 5/11/18

Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213,974,4111 Date of Original Filing: mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __4__/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other ... Income 🔲 If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4	. V erification					
	I have read and understand FPPC Regulations with the regularimments	18944.1 and 18942.	I have verified that the	distribution set forth a	above, is in accord	ance
	with the regilirements					

Megan Moret
Signature of Agency Head or Designee Print Name

loret Ticket Administrator

5/11/18

Comment: _

nme

(month, day, year)

Agency Report of:

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r	`ereme	hein	Rola	Evente	and T	ickat/Dac	e Dietri	hutions

A Public Document

l. Agency Nam	9					Date Stamp	California OOO
County of Los A	∖ngeles						Form OUZ
Division, Depart	ment, or Regi	on (if applicable))			1	For Official Use Only
First District, Bo	oard of Super	visors					
Designated Age	ncy Contact (Name, Title)					
Megan Moret, 1	icket Admini	strator				[] Amondment (16.1)	Descriptor Construction in Class 2.
Area Code/Phor	e Number	E-mail				Amendment (Must)	Provide Explanation in Part 3.)
213.974.4111		mmoret@bo	s.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2. Function or I	Event Inform	nation					
Does the agend	cy have a tick	et policy?	Yes [No □ F	ace Value of	Each Ticket/Pass \$ $\frac{1}{2}$	68
Event Descripti	LA Phil		_			<u>/ 14 / 18</u>	, .
Eveni Descripti	OH	Provide Tit	le/ Explar	ation	Date(s)		
Ticket(s)/Pass(es) provided				no: LA Phil		
					_	Name of Source	
Was ticket distr		at the behest	Yes [] No⊠ ^{If}	yes:	Official's Name (Last, First)	
of agency office	cial?					(200, 100,	
	identify the agend of Agency, Depa		unit. •	Use Section B to i Number of Ticket(s)/			ntify an outside organization.
				Passes			
Staff				2	Per ticket po	псу 5.3 (к)	
В.	Name of Indiv			Number of Ticket(s)/ Passes		Identify one of the	following:
					1	nonial Role Other Cing "Ceremonial Role" or "Other" de	
						ionial Role Other C	
	ne of Outside Or de address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy

. Verification							
I have read and u with the requirem	inderstand FPI ents.	PC Regulations			l have verified t		orth above, is in accordance
Signature of Ageno	y Head of Design	e		an Moret		Ticket Administrator	5/11/18 (month, day, year)
(a management	,					12 MF	(brien, aug, godi)
Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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. Agency Name				Date Stamp	California OOO
County of Los Angeles					Form 8UZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
First District, Board of Super	rvisors				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Admini	strator				
Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation	•			
Does the agency have a tick	ket policy? Yes I	No□ F	Face Value of i	Each Ticket/Pass \$ 16	88
Event Description: LA Phil			Date(s)4/		
Event Description:	Provide Title/ Expla		Jate(s)/		
Ticket(s)/Pass(es) provided			f no: LA Phil		
			_	Name of Source	
Was ticket distribution made	at the behest Yes [□ No 🗵 「	f yes:	Official's Name (Last, First)	
of agency official?					
• Use Section A to identify the agen A. Name of Agency, Depa		Number of Ticket(s)/		· ·	ify an outside organization.
Staff		Passes	Don tiplest and		
Stati		2	Per ticket pol	icy 5.3 (k)	
B. Name of Indi (Last, Firs	the state of the s	Number of Ticket(s)/ Passes	, .,	Identify one of the fo	
			t .	onial Role	
			í	onial Role Other on "Other" des	
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pure	suant to the agency's policy
,					
. Verification					
I have read and understand FPI with the requirements.	PC Regulations 18944.	.1 and 18942.	I have verified ti	hat the distribution set fo	orth above, is in accordance
WY/W	, R. #	M		Tinton Administration	F14.414.00
Signature of Agency Head or Designe		an Moret		Ticket Administrator	5/11/18 (month, day, year)
Signal of Agency Fleed of Design		na Hanne		Hige	(munur, day, year)
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213,974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ☒ No ☐ Date(s) 4 Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗌 Income ___ If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4. Verification

Comment: _

Phave read and understand FPPC Regula	tions 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
with the requirements.			
	Megan Moret	Ticket Administrator	5/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
-			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1.	Agency Name				Date Stamp	California 802						
	County of Los Angeles											
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only								
	First District, Board of Super	rvisors										
	Designated Agency Contact ((Name, Title)										
	Megan Moret, Ticket Admini	strator			Amendment (Must Provide Explanation in Part 3.)							
	Area Code/Phone Number	E-mail			Amendment (wast F	Tovide Explanation in Fait 5.,						
	213.974.4111	mmoret@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)						
2.	Function or Event Infor	mation										
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 16	68						
	Event Description: LA Phil				<u>, 17 , 18</u>							
	Ticket(a)/Danc(an) provided	Provide Title/ Expla										
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛭 If	f no: LA Phil	Name of Source							
	Was ticket distribution made	at the behest Yes		yes:								
	of agency official?				Official's Name (Last, First)							
			·									
3.	Recipients											
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.											
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency							
	Staff			Per ticket policy 5.3 (k)								
			4									
				 								
	B. Name of Indi	vidual	Number of Ticket(s)/	Identify one of the following:								
	(1.000, 1 11.	34	Passes		🗖	1						
					nonial Role							
			1		·							
				4	nonial Role Other Other Other Other Other Other Other							
					•							
			Number									
	C. Name of Outside O		of Ticket(s)/	Describe the public purpose made pursuant to the agency'								
			Passes		: 							
4.	Verification	<i>2</i>										
	I have read and understand FP	PC Régulations 1894	4.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance						
	with the requirements.	/										
		Me	gan Moret		Ticket Administrator	5/11/18						
	Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)						
	Commont											
	Comment:											

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Date(s) 4 / 19 / Event Description: LA Phil 3.

	Was ticket distribution made at the behest γ_{es} of agency official?	□ No⊠ ^{If}	yes:Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individual. • Use Section C to identify an o	outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant t	o the agency's policy
	Staff	2	Per ticket policy 5.3 (k)	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the followin	g:
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe be	Income
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe be	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant t	o the agency's policy
	Verification			***************************************
	I have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942.	have verified that the distribution set forth ab	ove, is in accordance
		gan Moret	Ticket Administrator	5/11/18
		Print Name	Title	(month, day,

Comment: _

Agency Report of:

Comment: ___

_	ionial Role Even	ts and Ticket/F	Pass Distr	ibutions	Α	Public Document			
. Ager	ncy Name		Date Stamp	California 802					
	ty of Los Angeles			Form OUZ					
Divisi	on, Department, or Reg	on (if applicable)		For Official Use Only					
	District, Board of Super								
Desig	nated Agency Contact (Name, Title)							
	n Moret, Ticket Admini	strator			Amendment (Must P.	rovide Explanation in Part 3.)			
Area (Code/Phone Number	E-mail				and any and any			
213.9	74.4111	mmoret@bos.lacou	unty.gov		Date of Original Filing: .	(month, day, year)			
	tion or Event Infor				00				
Does	the agency have a tick	et policy? Yes	Each Ticket/Pass \$ $\frac{99}{}$						
Event	Description: LA Phil		, 19 , 18						
Ticket	t(s)/Pass(es) provided	Provide Title/ Expla by agency? Yes							
	, ,,		Name of Source						
	icket distribution made gency official?	at the behest Yes	□ No⊠ ^{II}	f yes:	Official's Name (Last, First)				
	cipients Section A to identify the agen Name of Agency, Depa		Number of Ticket(s)/	T .		ify an outside organization. suant to the agency's policy			
Staf	f		Passes 2	Per ticket po	er ticket policy 5.3 (k)				
В.	Name of India (Last, Firs	and the second of the second o	Number of Ticket(s)/ Passes	1	Identify one of the fo	Income _			
				Cerem	ing "Ceremonial Role" or "Other" des	Income			
C.	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p					
. Verifi	cation								
I have with the	read and understand FPI e requirements. A	PC Regulations 18944	.1 and 18942. i	l have verified t	hat the distribution set fo	rth above, is in accordance			
			an Moret		Ticket Administrator	5/11/18			
\ Signa	ature of Agency Head or Designe	e Pr	int Name		Title	(month, day, year)			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: LA Phil Date(s) 4 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·	
erification	T	

Whave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret

Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☒ No ☐ Date(s) __4__/_ Event Description: LA Phil 21 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ **Passes** Per ticket policy 5.3 (k) Staff 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

with the requirements.

Comment: _

Signature of Agency Head or Designee

.....

Ticket Administrator

Title

5/11/18

(month, day, year)

Agency Report of:

Comment: ___

Ceremonial Role Events	and Ticket/P	ass Distr	ibutions	Α	Public Document
. Agency Name				Date Stamp	California 802
County of Los Angeles			;		Walterstand William
Division, Department, or Region	n (if applicable)				For Official Use Only
First District, Board of Supervi	sors				
Designated Agency Contact (Na	ame, Title)				
Megan Moret, Ticket Administ	rator			Amandment ///www.	rovide Explanation in Part 3.)
Area Code/Phone Number E	-mail			Amendment (Mast F)	ovide Explanation in Fart 3.)
213.974.4111 r	mmoret@bos.lacou	ınty.gov		Date of Original Filing: -	(month, day, year)
. Function or Event Inform	ation	· · · · · · · · · · · · · · · · · · ·			
Does the agency have a ticket	t policy? Yes [No □ F	ace Value of I	Each Ticket/Pass \$ 99	
Event Description: LA Phil	_		Date(s)4/		1 1
	Provide Title/ Explar	nation			
Ticket(s)/Pass(es) provided by	/ agency? Yes [] No⊠ I	f no: <u>LA Phil</u>	Name of Source	
Was ticket distribution made a	it the behest va-r	TINI-NO H	f yes:	Name of Source	
of agency official?	tale beliest yes [No ⊠ ″	. , , 00.	Official's Name (Last, First)	
Recipients					
• Use Section A to identify the agency'	's department or unit. • 1	Use Section B to	identify an individ	ual, • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
Staff			Per ticket pol	icy 5.3 (k)	
,		2			
		Number			
B. Name of Individ	lual	of Ticket(s)/ Passes		Identify one of the fo	llowing:
		1 113363	Cerem	onial Role Other	Income
			L.	ing "Ceremonial Role" or "Other" des	-
MANAGEMENT			Ceremo	onial Role Other	Income
			l	ng "Ceremonial Role" or "Other" desi	
C. Name of Outside Orga		Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy
(include address and de	scription)	Passes	1 1 1 1 1 1	a Marian	
Verification					
have read and understand FPPC with the requirements!	Regulations 18944.	1 and 18942.	I have verified th	nat the distribution set for	rth above, is in accordance
with the requirements.	•				
		an Moret		Ticket Administrator	5/11/18
Signature of Agency Head or Designee	Pri	nt Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

1.	Agency Name		Date Stamp	Form 802						
	County of Los Angeles Division, Department, or Reg	ion (if analianhla)		For Official Use Only						
	_									
	First District, Board of Super Designated Agency Contact									
	Megan Moret, Ticket Admini Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)				
					Date of Original Filing:					
	213.974.4111	mmoret@bos.lacou	nty.gov	0.4008	Date of Original Fining.	(month, day, year)				
2.	2. Function or Event Information									
	Does the agency have a tick	ket policy? Yes [5	No ☐ F	ace Value of	Each Ticket/Pass \$ $\frac{1}{2}$	68				
	Event Description: LA Phil		ate(s) 4	<u>, 22 , 18 </u>	1 1					
		Provide Title/ Explan	no: LA Phil							
	Ticket(s)/Pass(es) provided	by agency? Yes	Name of Source							
	Was ticket distribution made	at the behest Vec C] No⊠ ^{If}	yes:						
	of agency official?	44.410 politor 165 [T 140 EV	,	Official's Name (Last, First)					
						-				
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.									
	Use Section A to identify the agent	cy's department or unit. • \		dentify an individ	lual. • Use Section C to ider	ntify an outside organization.				
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	the public purpose made pursuant to the agency's policy					
	Staff		Passes	Per ticket po	dicy 5.3 (k)					
	Stall		4	i er ticket po	mey 5.5 (K)					
		<u>-</u>				MA-7				
			Number							
	B. Name of Indi		of Ticket(s)/ Passes							
				Ceren	nonial Role Other	Income 🔲				
					king "Ceremonial Role" or "Other" d	lescribe below:				
				Ceren	nonial Role 🔲 Other [Income				
				If chec	king "Ceremonial Role" or "Other" d	lescribe below:				
	C. Name of Outside O		Number of Ticket(s)/							
	(include address and	i description)	Passes							
						i				
4.	Verification									
	I have read and understand FF with the requirements:	PPC Regulations 18944.	1 and 18942.	I have verified	that the distribution set	forth above, is in accordance				
		✓ Mag	an Morat		Tieket Administrator	5/11/10				
	Signature of Agency Head of Design		an Moret int Name		Ticket Administrator	5/11/18 (month, day, year)				
	organization of regulary friends of Design					(
	Comment:									

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __4 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔯 Name of Source Was ticket distribution made at the behest Yes No X If yes:, Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 4 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last. First) Passes Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

4. Verification

with the requirements.

Signature of Agency Head or Designer

5/11/18

(month, day, year)

Ticket Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

Agency Name			Date Stamp	California OOO		
County of Los Angeles				Form 8UZ		
Division, Department, or Region (if applicable)		For Official Use Only				
First District, Board of Supervisors						
Designated Agency Contact (Name, Title)						
Megan Moret, Ticket Administrator			[] Amendment //4:	Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail			Amendment plust	Provide Explanation in Part 3.)		
213.974.4111 mmoret@bos.la	county.gov		Date of Original Filing:	(month, day, year)		
Function or Event Information						
	′es⊠ No⊡ F	Face Value of I	Each Ticket/Pass \$ 1	68		
_ , , ,						
Event Description: LA Phil Provide Title/ E		Date(s)4/	21 10			
		f no: LA Phil				
			Name of Source			
Was ticket distribution made at the behest $$	′es 🔲 No 🗵 🌁	f yes:	Official's Name (Last, First)			
of agency official?			2			
• Use Section A to identify the agency's department or uni A. Name of Agency, Department or Unit	Number of Ticket(s)/	1		ntify an outside organization.		
Staff	Passes	Dor tiplicat no	iou E 2 (b)			
Stan	4	Per ticket policy 5.3 (k)				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	s)/ Identify one of the following:				
			onial Role Other Cing "Ceremonial Role" or "Other" de			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy		
Verification						
Verification I have read and understand FPPC Regulations 18: with the requirements.	944.1 and 18942.	I have verified ti	hat the distribution set f	orth above, is in accordance		
I have read and understand FPPC Regulations 18: with the requirements.	944.1 and 18942. Megan Moret		hat the distribution set for	orth above, is in accordance 5/11/18		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __4 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔀 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Staff Per ticket policy 5.3 (k) 4 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

I ha	vé rèa	d an	d un	derstand	FPPC I	Regulations	18944.1	and 1894	2. I have	verified that	t the distri	bution set	forth above	, is in a	ccordance
with	the re	auile	emel	Ats.	1	ŭ									
1	1	\													

Signature of Agency Head or Designee

Megan Moret

Ticket Administrator

5/11/18

Print Name

Title

(month, day, year)

Comment: ___

	eremonial Role Eve	nts and Ticket/	Pass Dist	ributions	A	Public Document				
1.	Agency Name		Date Stamp	California 802						
	County of Los Angeles			Form QUZ						
	Division, Department, or Re	gion (if applicable)		For Official Use Only						
	First District, Board of Supe									
	Designated Agency Contact	t (Name,Title)	1							
	Megan Moret, Ticket Admir	nistrator		Amendment (Must Pr	ovide Explanation in Part 3.}					
	Area Code/Phone Number	E-mail				ovide Explanation in Fall 5.)				
	213.974.4111	mmoret@bos.laco	ounty.gov		Date of Original Filing: _	(month, day, year)				
2.	Function or Event Information									
	Does the agency have a tid	cket policy? Yes	⊠No□	Face Value of	Each Ticket/Pass \$ 16	8				
	Event Description: LA Phil		_	Date(s) 4		, ,				
	Event Description.	Provide Title/ Exp	anation		J					
	Ticket(s)/Pass(es) provided	d by agency? Yes	□ No 🗵	If no: LA Phil						
					Name of Source					
	Was ticket distribution made at the behest Yes No									
	A. Name of Agency, Dep	• Use Section B 1 Number of Ticket(s), Passes	Describe th	an individual. • Use Section C to identify an outside organization. escribe the public purpose made pursuant to the agency's policy icket policy 5.3 (k)						
	B. Name of Inc. (Last, F.	The state of the s	Number of Ticket(s) Passes		Identify one of the fo					
				F .	nonial Role Other king "Ceremonial Role" or "Other" dese	Income L				
					nonial Role Other Other king "Ceremonial Role" or "Other" desc	Income C				
	C. Name of Outside C	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p							

Megan Moret Print Name

5/11/18 (month, day, year)

Ticket Administrator